Please Print or Type	it or Typ	Print	Please
----------------------	-----------	-------	--------

Permit No.	
Parcel No.	

## TEMPORARY SIGN PERMIT City of Janesville

Sign Location Information:  Business Name:  Address:  Contact Person:  Phone #:			Sign Inst	aller Information	<u>:</u>				
			Address:						
							E-mail Address:	-mail Address:	
			SIGN DISTRICT: A	_ B C_	D	E	ZONING DI	STRICT	
Type of Temporary Sign	(check those that	at apply):							
☐ Mobile Ground Sign Setback distances from p		squ t): Front:		Side:	2 <sup>nd</sup> side/corner:				
photograph is required to	be attached showi	ing the propos	ed location of the	e sign in relation to pr	day period. A Site Plan or aeria roperty lines, sidewalks, buildings stalls/aisles or in a vision triangle				
□ Pennants, Balloons or I	Flags: are allowe	ed once a cale	ndar year for a r	period of 7 days.					
Description of location:	•			-					
□ Other:									
Will the sign be electrica	lly lighted?:	Yes □ No	If yes, the	sign is listed by:					
Sign Install Date:		Sign R	Removal Date:						
					nt's knowledge and all work sha I orders of the State of Wisconsii				
Applicant's Signature									
* Failure to obtain a permit permit fee, whichever is great									
	Office Use Only.	·	_# Temporar	ry Signs X \$60	= Total Permit Fee \$				
			Date of Last T	emporary Sign Per	mit:				
		Inchact	tor Annroval C	ionature:					